

MEDICAL POLICY



SUBJECT: BREAST RECONSTRUCTION SURGERY	EFFECTIVE DATE: 07/02/99 REVISED DATE: 02/28/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16 ARCHIVED DATE: 08/25/17 EDITED DATE: 08/23/18 PAGE: 1 OF: 5
POLICY NUMBER: 10.01.01 CATEGORY: Government Mandate	

- *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.*
- *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.*
- *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT:

Based upon our criteria and review of the peer-reviewed literature, reconstructive breast surgery after surgical mastectomy, including partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) for benign or malignant disease, is **medically appropriate**, and may include the following services:

- I. All stages of reconstruction including, but not limited to:
 - A. Breast implants;
 - B. Abdominal flap reconstruction;
 - C. Nipple/areola reconstruction and tattooing; and
 - D. Surgery for symmetry of the contralateral (opposite) breast;
- II. Basic breast prosthetic(s) and mastectomy bras; and
- III. Treatment of physical complications of mastectomy, including lymphedema.

This policy only refers to breast reconstruction services. For services regarding reduction mammoplasty please refer to *Corporate Medical Policy #7.01.39, Reduction Mammoplasty*.

Refer to Corporate Medical Policy #1.01.17 regarding Pneumatic Compression Devices/Lymphedema Pumps.

Refer to Corporate Medical Policy #7.01.11 regarding Cosmetic and Reconstructive Procedures.

Refer to Corporate Medical Policy #7.01.35 regarding Bioengineered Tissue Products for Wound Treatment and Surgical Interventions.

DESCRIPTION:

Reconstructive breast surgery is defined as surgical procedures that are designed to restore the normal appearance of the breast after surgery, accidental injury, or trauma and may be based on the treatment a woman receives or the extent of surgery performed.

The reconstructive surgery may be performed in a single stage or several stages/phases and either during or after the surgical procedure. Reconstruction may include, but is not limited to:

- I. Insertion of saline or silicone filled prosthetic implants;
- II. Extensive flap reconstruction (e.g., deep inferior epigastric perforator [DIEP] flap, gluteal artery perforator [GAP] flap, latissimus dorsi flap, superficial inferior epigastric artery [SIEA] flap, transverse rectus abdominus myocutaneous [TRAM] flap);
- III. Nipple/areola reconstruction and tattooing; and/or
- IV. Surgery for symmetry of the contralateral (opposite) breast.

The Women's Health and Cancer Rights Act (WHCRA) of 1998, a federal regulation, mandated coverage of all stages of reconstructive surgery (including surgery and reconstruction of other breast to produce symmetrical appearance and prosthesis and treatment of complications following mastectomy) for all group health plans that provide medical and surgical benefits. This federal law requires most group insurance plans that cover mastectomies to also cover breast

SUBJECT: BREAST RECONSTRUCTION SURGERY POLICY NUMBER: 10.01.01 CATEGORY: Government Mandate	EFFECTIVE DATE: 07/02/99 REVISED DATE: 02/28/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16 ARCHIVED DATE: 08/25/17 EDITED DATE: 08/23/18 PAGE: 2 OF: 5
--	--

reconstruction. A diagnosis of breast cancer is *not required* – preventive mastectomies are also covered under this mandate. The United States Departments of Labor and Health and Human Services oversee this law.

New York State Insurance Laws § 3216, § 3221, and § 4303, mandate coverage under all contracts that provide medical, major medical, or similar comprehensive-type coverage for:

- I. All stages of breast reconstruction of the breast on which the mastectomy or partial mastectomy, has been performed; and
- II. Surgery and reconstruction of the other breast to produce a symmetrical appearance.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

<u>CPT:</u>	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
	11921	6.1 to 20.0 sq cm, or part thereof
	11922	each additional 20.0 sq cm
	19324	Mammoplasty, augmentation; without prosthetic implant
	19325	with prosthetic implant
	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19350	Nipple/areola reconstruction
	19357	Breast reconstruction, immediate or delayed with tissue expander, including subsequent expansion
	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
	19364	Breast reconstruction with free flap
	19366	Breast reconstruction with other technique
	19367	Breast reconstruction with transverse rectus abdominus myocutaneous flap (TRAM), single pedicle, including closure of donor site
	19368	with microvascular anastomosis (supercharging)
	19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
	19370	Open periprosthetic capsulotomy, breast
	19371	Periprosthetic capsulectomy, breast

SUBJECT: BREAST RECONSTRUCTION SURGERY POLICY NUMBER: 10.01.01 CATEGORY: Government Mandate	EFFECTIVE DATE: 07/02/99 REVISED DATE: 02/28/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16 ARCHIVED DATE: 08/25/17 EDITED DATE: 08/23/18 PAGE: 3 OF: 5
--	--

19380 Revision of reconstructed breast

19396 Preparation of moulage for custom breast implant

Copyright © 2018 American Medical Association, Chicago, IL

HCPCS:

L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type

L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type

L8600 Implantable breast prosthesis, silicone or equal

S2066 Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

S2067 Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral

S2068 Breast reconstruction w/ deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site, and shaping the flap into a breast, unilateral

ICD10:

C50.011-C50.019 Malignant neoplasm of nipple and areola (code range)

C50.111-C50.119 Malignant neoplasm of central portion of female breast (code range)

C50.211-C50.219 Malignant neoplasm of upper-inner quadrant of female breast (code range)

C50.311-C50.319 Malignant neoplasm of lower-inner quadrant of female breast (code range)

C50.411-C50.419 Malignant neoplasm of upper-outer quadrant of female breast (code range)

C50.511-C50.519 Malignant neoplasm of lower-outer quadrant of female breast (code range)

C50.611-C50.619 Malignant neoplasm of axillary tail of female breast (code range)

C50.811-C50.819 Malignant neoplasm of overlapping sites of female breast (code range)

C50.911-C50.919 Malignant neoplasm of unspecified site of female breast (code range)

C79.81 Secondary malignant neoplasm of breast

D05.00-D05.92 Carcinoma in situ of breast (code range)

D24.1-D24.9 Benign neoplasm of breast (code range)

D49.3 Neoplasm of unspecified behavior of breast

Z42.1 Encounter for breast reconstruction following mastectomy

Z80.3 Family history of malignant neoplasm of breast

<p>SUBJECT: BREAST RECONSTRUCTION SURGERY</p> <p>POLICY NUMBER: 10.01.01</p> <p>CATEGORY: Government Mandate</p>	<p>EFFECTIVE DATE: 07/02/99</p> <p>REVISED DATE: 02/28/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16</p> <p>ARCHIVED DATE: 08/25/17</p> <p>EDITED DATE: 08/23/18</p> <p>PAGE: 4 OF: 5</p>
---	---

Z85.3 Personal history of malignant neoplasm of breast

Z90.10-Z90.13 Acquired absence of breast and nipple (code range)

REFERENCES:

American Cancer Society. Breast reconstruction after mastectomy. Cancer Reference Information. Last revised 2016 Apr 25 [http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Breast_Reconstruction_After_Mastectomy_5.asp] accessed 7/24/17.

*American Society of Plastic Surgeons. Breast reconstruction following diagnosis and treatment for breast cancer. Archived practice parameter. 2004 Sep [<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/key-issues/BreastReconstructionFollowingDiagnosisandTreatmentforBreastCancer.pdf>] accessed 7/24/17.

American Society of Plastic Surgeons. Evidence-based clinical practice guideline: breast reconstruction with expanders and implants. 2013 [<http://www.plasticsurgery.org/Documents/Health-Policy/Guidelines/guideline-2013-breast-recon-expanders-implants.pdf>] accessed 7/24/17.

Billing JI, et al. A Nationwide Analysis of Cost Variation for Autologous Free Flap Breast Reconstruction. JAMA Surg. 2017 Jul 19. doi: 10.1001/jamasurg.2017.2339. [Epub ahead of print]

BlueCross BlueShield Association. Reconstructive breast surgery/ management of breast implants - Archived. Medical Policy Reference Manual Policy #7.01.22. 2012 Jan 12.

BlueCross BlueShield Association. Bio-engineered skin and soft tissue substitutes. Medical Policy Reference Manual Policy #7.01.113. 2017 July 13.

Endara M, et al. Breast reconstruction following nipple-sparing mastectomy: a systematic review of the literature with pooled analysis. Plast Reconstr Surg 2013 Nov;132(5):1043-54.

New York State Insurance Laws § 3216, § 3221, and § 4303 (x) (1).

Pien I, et al, Evolving Trends in Autologous Breast Reconstruction: Is the Deep Inferior Epigastric Artery Perforator Flap Taking Over? Ann Plast Surg. 2016 May;76(5):489-93.

Roostaean J and Crisera C. Current options in breast reconstruction with or without radiotherapy. Curr Opin Obstet Gynecol 2011 Feb;23(1):44-50.

Tsoi B, et al. Safety of tissue expander/implant versus autologous abdominal tissue breast reconstruction in postmastectomy breast cancer patients: a systematic review and meta-analysis. Plast Reconstr Surg 2014 Feb;133(2):234-49.

*U.S. Department of Labor. Women’s Health and Cancer Rights Act. 1998 Oct 21. [<https://www.dol.gov/general/topic/health-plans/womens>] accessed 7/24/17.

Wormald JC, et al. The increased risk of adverse outcomes in bilateral deep inferior epigastric artery perforator flap breast reconstruction compared to unilateral reconstruction: a systematic review and meta-analysis. J Plast Reconstr Aesthet Surg 2014 Feb;67(2):143-56.

Zhong T, et al. Evidence-based medicine: breast reconstruction. Plast Reconstr Surg 2013 Dec;132(6):1658-69.

*key articles

KEY WORDS:

Breast reconstruction.

SUBJECT: BREAST RECONSTRUCTION SURGERY POLICY NUMBER: 10.01.01 CATEGORY: Government Mandate	EFFECTIVE DATE: 07/02/99 REVISED DATE: 02/28/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16 ARCHIVED DATE: 08/25/17 EDITED DATE: 08/23/18 PAGE: 5 OF: 5
--	--

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Breast Reconstruction following Mastectomy. Please refer to the following websites for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=64&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&Keyword=breast+reconstruction&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAA&AAA&>.